

RECEIVABLE COPY

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	_____	FILED DATE	_____
APPLICANT(S)			

CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1										51
2		1									52
3		2									53
4		1									54
5		1									55
6		1									56
7		1									57
8											58
9				1							59
10				1							60
11				1							61
12				1							62
13				1							63
14				1							64
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43											93
44											94
45											95
46											96
47											97
48											98
49											99
50											100
TOTAL IND.											TOTAL IND.
TOTAL DEP.											TOTAL DEP.
TOTAL CLAIMS											TOTAL CLAIMS

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS